St. John's Regional Fire Department
Policy and Operational Guidelines

Title: 01-03-02 Flex Time (Working Hours)

Document Type:	Operational Guideline
Status:	
Issued By:	Administration
Index:	01 Organization
Section:	03 Administration
Title:	02 Flex Time (Working Hours)

Purpose

To outline the process for employees to select hours of work other than those stipulated in the current Collective Agreement.

Background

The SJRFD is committed to assisting employees in balancing their work commitments and family lives, while providing a quality service to the public. To accommodate this, an opportunity to alter the normal work day is being made available to employees, subject to the operational requirements of the Department.

This is a new guideline, intended to provide clarification on the process for employees to select Flex Time outside those hours stipulated in the current Collective Agreement.

Procedure

1. Employees in non-suppression and non-rotating shifts are eligible to participate in this arrangement.
2. Employees requesting flex time must complete a Flex Time Agreement form and forward to their Supervisor.

3. The Deputy Chief will determine if the request for flex time can be accommodated and will provide a recommendation to the Director (Fire Chief) for consideration.

4. In instances where such an arrangement cannot be approved, the employee will be informed of the reason(s).

5. If the operational requirements of the Department cannot accommodate similar requests for flex time, approvals will be equally on a three (3) month rotation.

6. The Flex Time Agreement may be cancelled by the employee of the SJRFD at any time.

7. For the purpose of annual leave and sick leave, a half (½) day will be four (4) hours.

Approvals
Director/Chief of SJRFD

Approval Date
2005/06/15

Revision Date

Rescind Date

Responsibility
St. John's Regional Fire Department

POG # 01-03-02
Approved By:

Michael J. Dwyer, P. Eng
Director of Regional Fire Services
(Fire Chief)

2005/06/06
Date

Appendix/Appendicies
Flex-Time Agreement Form attached.

FLEX-TIME AGREEMENT

I, _____, wish to exercise the privilege of participating in a flexible working arrangement.

This arrangement is subject to the following conditions:

1. The hours worked each day must total eight (8).

2. The official start of the work day cannot commence before 7:30am, but must occur by 9:00am.

3. The official finish of the work day cannot occur until 4:00pm, but cannot exceed 6:00pm.

4. Each employee must be at work during the core hour period (9:00am until 3:00pm) with the exception of lunch breaks.

5. The lunch break must occur in continuous intervals of either 0.5, 1.0 or 1.5 hours during the period 12:00pm through 2:00pm.

6. Once the flex-time schedule is established, it remains in effect for the period specified below unless changed through mutual consent (normally it shall be for six (6) months).

7. This arrangement is provided to the employee according to the position he/she currently occupies. Should his/her position change, or the work requirements of the position change, then the flex-time option must be re-negotiated. It is understood that this type of change may result in the flex-time option becoming unavailable.

8. Any employee not abiding by the flex-time agreement will have the agreement revoked immediately, and will return to his/her normal working hours.

9. For the purpose of annual leave and sick leave, a half (½) day shall be four (4) hours.

Understanding these conditions and agreeing to adhere to them, I wish to establish the following work schedule (please circle your choice below):

Start Time: 7:30 am 8:00 am 8:30 am 9:00 am

Lunch Break: From _____ to _____ Hrs ( )

Finish Time: 4:00 pm 4:30 pm 5:00 pm 5:30 pm 6:00 pm

This work schedule will be in effect:

From: _____ To: _____

Employee: _____ Date: _____

Director: _____ Date: _____